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No. 4.

CASE OF ATTEMPTED POISONING—RESUSCITATION BY GALVANISM.

Reported by Thomas Peregrin James, Assistant Apothecary.

A FEMALE, aged 29, was brought into the Middlesex Hospital a few minutes after 12 at noon, Mr. 24th, reported to have swallowed, about an hour before, three twopennyworths of laudanum (one ounce). She was immediately taken to a surgeon, who applied the stomach pump; but as no person accompanied her from whom satisfactory information could be obtained, Mr. Corfe deemed it advisable again to have recourse to it, as the usual symptoms of loss of consciousness, contracted pupil, and placid, though ghastly, countenance, were unusually manifest. Several pints of water were injected; but during this operation, as is usually the case in such instances of extreme narcotism, the large quantity of tough, ropy mucus which collected around the pharynx and glottis, rendered it doubtful whether she would not die of asphyxia before we had emptied the stomach, and the tube was of necessity withdrawn before the whole of the contents were removed. The ejected fluid was only slightly discolored, and tainted with scarcely any perceptible smell of the poison. During and after this operation, pinching, slapping the face and chest sharply with the corner of a damp towel, &c., produced but momentary and imperfect consciousness; indeed, so transient, as scarcely to draw forth the monosyllable "don't." She was now put on her legs, but fell down like a lifeless carcass. The galvanic battery was then got in order, and whilst the wires were being adapted, she fell off into a still deeper state of unconsciousness than she was previously in. When the sponge-directors were applied, for a few minutes no sensible effect was produced, but soon afterwards the muscles of the neck began to quiver, when sensibility appeared gradually to return, and after twenty or thirty minutes the stimulus produced undoubted discomfort, evidenced by shrugging of the shoulders, and attempts to avoid contact with the sponges; but the first marked influence of its effect was the ejection of a large quantity of fluid from the stomach. In another hour she appeared quite lively, answered questions distinctly, and in a moderately loud tone, though in a somewhat peevish manner. The galvanism was occasionally intermitted for a few moments, when she relapsed almost instantaneously, and "dropped off" in the midst of a sentence which she had commenced during the application of the stimulus. The pupils remained unaffected

till about two hours had elapsed, when they became somewhat more dilated, and sensible to a strong light. All the symptoms gradually diminished, but it was absolutely necessary to re-apply it at longer intervals until half-past 5, P. M., when she seemed so far recovered as to allow of her removal to the ward. From the easy diffusibility and quick propagation of the galvanic fluid over the whole system, irritation, capable of exciting action almost *ad libitum*, can be applied to any part, or even the whole, of the body at one time, and that of a nature void of all the unpleasant results which necessarily follow bastinadoing, cold affusion, searing, the dolichos pruriens, and a whole catalogue of equally brutal resources, which, for the safety of the patient, have necessarily been had recourse to before galvanism was adopted. Dipping the sponges of the directors, on this occasion, in moistened salt, assisted the passage of the current, and increased the conducting power to a striking degree. In ordinary cases, where galvanism is used, the application, if strong, reddens the skin, and even produces some tumefaction, which remains often for hours; but in this instance, although the power was probably three or four times as strong as is generally used, not the slightest discoloration was observable. It should be noticed that as soon as she was allowed to fall off into a deep sleep, which she was occasionally permitted to do, after the extraordinary influence of the battery was fully proved in rousing her instantly from the deepest narcotism to a fretful impatience, the pulse gradually lowered in its power, became slower in its action, and irregular in its movements, but no sooner was this remarkable stimulus laid on again, than the pulse rallied, was regular, fuller and quicker; and the respirations, previously labored, slow and unequal, became more frequent and deeper. The countenance, also, evinced, in a striking manner, the singular influence of this agent. When she was admitted, the cheeks were of a leaden hue, and the lips of a tawny color; but after the expiration of one hour, with the use of the battery, they resumed a somewhat natural tint.—*London Lancet*.

CANCER OF THE BREAST.

[THE following interesting remarks on the important subject of cancer of the breast, are from recent Lectures by M. Velpeau, of Paris. They are reported by D. W. Yandell, M.D., of Louisville, Ky., who has been for some time in France, and whose voluminous correspondence in the Western Medical Journal shows that he has made good use of the advantages for medical improvement to be found in that country.]

A peasant, about 50 years old, has returned to our service for a cancer of the breast. I say returned, for she had presented herself to us when the tumor was circumscribed, its limits clearly definable, its mobility evident—in a word, when it offered conditions favorable to the operation. But the tumor was the seat of no pain; the patient could not comprehend how a tumor which gave her no trouble was a fit subject for the knife, and, refusing the only efficacious remedy that we could pro-

pose, returned to the country. To-day she asks for what at that time she could not be prevailed upon to accept; to-day the tumor is ulcerated, adherent, and extends, perhaps, to the ribs. This is a trouble that you will often meet with in practice. You will see the operation rejected at the moment when it is opportune, and solicited at a later period, when the progress of the disease has rendered it almost impossible, or at best of doubtful success. And this is particularly the case when the cancer causes no pain, especially as women find physicians who give them counsel more in accordance with their taste in altogether discountenancing the operation or in postponing its application. This order of physicians may be subdivided into numerous genera. The first are charlatans, whose only end is to inspire the patients with a false security, the consequence of which it is needless to allude to. There are others, and these may, perhaps, be conscientious, who believe in the medical cure of cancer, at least in certain cases; these essay internal medication before resorting, if it is necessary, to the removal of the tumor. It is not true that medicine ever made the smallest cancer disappear, and these pretended cures arise from an error in diagnosis. In good practice, he alone attacks cancer by internal remedies who is assured that the nature of the disease is not malignant. And should he have to deal with confirmed cancer, he is in a dangerous path; he loses precious time in dissipating or diminishing the engorgement of the tissues which surround the tumor, while he exercises not the slightest influence on the final result. This method, then, possesses not a single advantage, while it has many attendant evils.

In the first place, that cancer is often primitively a local affection I have not the slightest doubt, although this is a point which, as you know, has been warmly contested. In temporizing, then, or leaving the disease to become general, the cancerous cellule, if it really exist, is transported first into the circulation, afterwards into the other organs, and infection is the result. Granting, even, that the cancerous principle pre-existed in the economy, and that the tumor is but a manifestation of it, in removing this tumor, if you do not destroy the principle, you at least destroy one of its effects, without increasing in any degree the activity of the cancerous diathesis.

On the other hand, as a wound the operation offers no danger if it be made in time, a little while after the appearance of the morbid product—when, for example, its volume does not exceed that of a filbert. In this case you relieve the patient by a small incision scarcely followed by re-action. I should advise you, and this is my practice, to operate as soon as the cancerous character is evident. To wait till the tumor ulcerates and extends, or even until the ganglia become affected, is to compromise the life of the patient as well as the character of surgery. When the ganglia are only *engorged*, the result is already uncertain, and if you would operate under such circumstances now, you will not do it when you become old. Young practitioners attribute this to the coldness of age, and, full of confidence in the powers of the art the duties of which they are just entering upon, they mistake for timidity what is but the fruit of experience. And after a first and even a second failure, they still re-

peat their efforts; but finally correcting themselves, they in their turn become old, and no more subject their patients to useless torture.

In the case which occupies us, the tumor is ulcerated, adherent, comprehending, perhaps, the ribs, and the ganglia in the axilla are enlarged. This lymphatic engorgement, which is nearly always cancerous, would deter me from any operation, if the patient, seeing but too clearly the fate that awaits her, had not persuaded me, by her repeated and anxious entreaties, to give her, uncertain as it is, the sole chance that remains. The condition of the part, and especially its size and depth, forbid removal by the bistoury; caustics are scarcely of easier application, but they disturb the economy less, occasion no fever, and although more painful, are less alarming to the patient. To what caustic should we give the preference—to the paste of chloride of zinc, or that of Vienna, or that of frère Come? The latter possesses a particular danger, belonging to the poisonous nature of arsenic, which constitutes its base; and although these dangers have been exaggerated, still they are not the less real, as there are instances to prove. And here the size of the absorbing surface augments it in a fearful degree. Besides, this paste produces great pain and high inflammation. That of Vienna produces a sanguineous discharge which fuses it, and its action is too superficial. That of the chloride of zinc attacks only fungous tissues or those deprived of their epidermis; you may hold it a year in your hand without feeling it, but the moment you remove the epidermis by a blister, it will take effect and burn you violently—a property as true as it is strange. It would be necessary here to denude a part of the tumor, and this initial step is very embarrassing; and let me add that this paste causes cruel suffering during the whole time of its application.

The *black caustic*, composed of sulphuric acid and saffron, without any precise formula, but so as to form a homogeneous paste, appears to me to possess incontestable superiority over all the others. It destroys every surface with which it comes in contact; it occasions no sanguineous discharge, even when the skin is ulcerated and fungous; it occasions very little pain; the tissues attacked become dry, and suppuration arrives only with the eliminatory inflammation at the end of fifteen days; and during this time, without any dressing, without any care, the patient may forget his eschar. Added to all the rest, the retraction of the eschar limits the extent of the cicatrix. It is true that its application is somewhat difficult; it adheres more to the spatula than to the tissues. As it burns all, the diachylon cannot circumscribe it; it is not well applied except on a horizontal surface, and it is, moreover, liable to become fused. But these defects, which I am far from endeavoring to conceal, by no means counterbalance its good qualities, and I repeat that the black caustic is, in my opinion, preferable to all the others. I proceed to attack successively the various points of the tumor by partial applications.

[In the latter part of March Prof. Velpeau delivered another lecture on the subject of cancer of the breast, which consisted in substance of the following.]

The patient on whom we are about to operate is a woman 40 years

of age, of a dry and nervous temperament. She is affected with a tumor of the right breast, which dates, according to her account, only about four months back, and was caused by a blow with a key. I saw the patient a month after the accident to which she attributes the development of the tumor, and it was apparently about the same volume then as it is now. The nature of this morbid production does not allow of our believing in so rapid a growth. And here I may remark that this is a shoal with which you will often meet in the world, and which you must learn to avoid. Persons will tell you that a considerable tumor has appeared within a few months, and in some cases even within a few days, when in reality it has existed for years. A great many tumors commence and attain considerable size without having, by any pain, by any embarrassment, awakened the attention of the patient. It is especially in the breast, and in those that are voluminous, that this latent state may be developed. The tumor there is lost in the tissue which envelops it, and if it does not deform the organ it escapes the attention of the patient who does not examine the part. And when from a blow, or violence, or any suffering whatever, this examination is made and the tumor is discovered, by an innate tendency to search for the causes of things, the woman sees in the blow of a key, in the pressure of the whalebone of her corset, little mishaps that are so slight as scarcely to be remembered, the cause of her malady. At other times it is by chance that the disease is perceived. In the present case the breast was neither voluminous nor deformed, but the deception had another source. Instead of a circumscribed tumor in the mamma, it is the entire gland that is invaded. The breast has not changed either in form or size, but in its consistence and nature; it has hardened and degenerated, and as this transformation has been accomplished without pain, it remained for a long time unknown. We cannot accept the testimony of the patient, for it is scarcely possible that a sanguineous tumor could so promptly have acquired such volume and hardness; and it is evidently of a scirrhus or encephaloid character, the uniform manner in which the entire gland is affected, the inequalities and the consistence of the tumor, removing all doubt in this respect. And what unfortunately still further confirms our diagnosis is the engorgement of the axillary ganglia of the corresponding side, and the history of the family of the patient, her mother having died from cancer of the uterus, and her sister from cancer of the breast.

Whether scirrhus or crude encephaloid, we undoubtedly have to do with a cancer, which we may safely say commenced not less than eighteen months ago. This cancer, of hereditary origin, and complicated with engorgement in the ganglia of the axilla, does not afford sufficient prospect of success to propose an operation to the patient. So far from it, indeed, I have only consented to attempt an operation after much entreaty. But this woman having seen her sister die from a mammary cancer which was not operated upon, she has returned so many times to the charge that I am at length overcome. I have been overcome not only by her entreaties, but by a prospect of the danger which I feel menaces her, left to herself—the inflammation of the cancer, the excres-

cences which are reproduced, the repeated hemorrhages, the incessant sufferings, and, at the end of all that, a cruel death—this more than all else has made me yield. Besides, a relapse does not always occur, and may be very distant.

The disease comprehending all the breast, it is necessary to amputate the whole of the organ. As the tumefaction of the ganglia may be owing to a simple inflammation, we will preserve them for the present, extirpating them at a future period if the engorgement of which they are the seat shows a malignant character. The patient strongly wishes to be etherized, and as there is no reason why she should not be, we will administer the ether.

The patient at first did not breathe the ether well, but she soon commenced inspiring more fully, and at the end of five minutes became insensible. During the operation, which lasted a minute and a half, there was no sign of pain. There did not, in fact, seem to be any suffering, nor even a dream of it—nothing but insensibility attended by a perfect calm.

[Eight days after the operation, Prof. Velpeau returned to the case thus :—]

The day after the operation, very severe pains, though without fever, declared themselves about the left breast, on the side opposite to the one which had been removed. The woman was not alarmed, because, she said, she was subject to these nervous attacks. The third day this pain had changed its seat to the epigastrium, and had become violent and distressing. There was nothing noticeable on the part of the wound or elsewhere, except an insignificant erysipelas on the shoulder. I prescribed calmants.

On the fourth day the pains redoubled themselves, extending throughout the abdomen and reaching the base of the chest; smallness of the pulse, attended with violet hue of the face, and threatened asphyxia; followed on the fifth day by death. This event, which was as unexpected and sudden as it was violent, seemed to have its origin in what the ancients called *phrenitis*, that is to say, inflammation of the serous surfaces of the diaphragm; and we shall without doubt find, to-morrow, a peritonitis, perhaps a pleurisy, and possibly, also, a pericarditis.

[The day after the autopsy, the Professor expressed himself in these terms :—]

The idea, the fear, that etherization plays some part in the development of such accidents, made it our duty to examine most scrupulously the lungs, although there was scarcely any embarrassment in their functions, and then only in the last moments of life. But the state of the bronchii and of the pulmonary tissue offers, as you see, nothing abnormal. There is only at the base of the two viscera a very ordinary alteration, and, so to speak, of hypostatic engorgement, an engorgement which is not very decided and without induration. You will remark the traces of violent inflammation upon the two diaphragmatic surfaces—of pus and false membranes in the pleura and in the peritoneum. The plastic layers are very thick, particularly on the spleen and liver. This is a result

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that I have witnessed more than once before the ether was heard of. It is not very rare to see intercurrent phlegmasias, especially pleurisy, manifest themselves after amputation of the breast; and I saw a fatal peritonitis follow the same operation in bed No. 31 of the same ward, seven years ago. The patient died the third day, of the peritonitis.

Men are no more exempt from these complications than women; and what is remarkable, these accidents, instead of waiting until the day after the operation, sometimes appear in the evening of the day on which it is performed. I shall always remember a vigorous young man who came to La Pitié to be operated upon for a lachrymal fistula, and was carried off by an acute peritonitis. Here we have had a delicate, nervous and susceptible woman operated upon in a badly-heated room, having had to traverse cold passages both coming to and going from the amphitheatre. These are the facts; I leave you to judge respecting matters of which you were eye-witnesses.—The tumor was of a fatty texture and extremely hard.

PERITONITIS FROM FECAL MATTER IN THE APPENDIX VERMIFORMIS

[Communicated for the Boston Medical and Surgical Journal.]

THE history of the case is briefly as follows:—For a fortnight previous to the attack, Mr. L. M. S. had been troubled with uncomfortable feelings in his bowels, slight pains, and frequent nausea. These feelings he attributed to some cucumbers he ate about the time he began to feel more unwell. For three days previous to the attack, he had eaten sparingly of light diet, except on Wednesday, the day before he was taken sick, when he took for his dinner what is usually called a "boiled dish," eating sparingly of meat, but rather freely of vegetables. On the following day, Thursday, July 22, while engaged in his usual avocations, at which he had continued up to the time of his seizure, he was attacked with severe pains in his bowels, and nausea, at noon. He was obliged to leave his business and return home. The pain was in the right hypogastric region—not constant, but intermitting, like colic pain. There was no tenderness of the bowels on pressure, and the pulse was nearly natural. He had not had a movement of the bowels for forty-eight hours. He took a cathartic, which was retained on the stomach three hours and a half, and was then vomited, without having any effect on the bowels. An enema was then ordered, which moved the bowels freely, with much relief. In two or three hours after the enema, the spasmodic pain returned in the same spot on the right side, shooting through to the back. As the bowels had been very thoroughly evacuated by senna and salts on Tuesday morning previous, and the enema having operated so effectually, resort was had to opiates and external applications to the bowels. These relieved him till Friday morning. We were obliged to resort to opiates every few hours during the day on Friday, to relieve pain—the pain continuing in the same spot. Through the whole day there was no tenderness of the bowels, except at the seat of pain, in the right iliac

region. Bowels but little swollen; pulse 100, compressible, moderately full.

Saturday morning. Pulse more frequent (120) and smaller. Skin moist, not clammy—temperature a little diminished; countenance bad; bowels some swollen; pain and tenderness confined to the right side, as before. He continued very much in this state during the day, requiring but few remedies to keep him free from pain. A consultation was had with Dr. J. Ware. He had more injections, but with no material benefit.

Sunday morning. His pains during the night had not been very excruciating, yet he slept but little, except short naps. He cannot turn upon his right side without bringing on severe cutting pain in that side, in the spot to which all his pain has been referred. It has been so with him since Thursday afternoon. He vomited frequently, towards morning, dark mucus and such drinks as he had taken during the night, colored by particles of dark blood. Pulse more rapid and less distinct. Skin more moist and cool. About 9 o'clock, A. M., some re-action came on. Bowels less swollen than yesterday—appeared more comfortable. This continued through the forenoon. In the afternoon he fell off again, complained of pain in other parts of his bowels, and continued to fail, with much suffering, till 11 o'clock, Sunday night, when he calmly breathed his last.

On Monday an autopsy was made by Dr. J. B. S. Jackson, of Boston, Dr. J. B. Taylor and myself. We found extensive peritoneal inflammation; effusion of lymph and serum. The most severe inflammation was in the region to which the pain was chiefly confined. The cæcum and ileum were highly inflamed, but the cause of the inflammation was not discovered till the cæcum was dissected from its bed in the iliac fossa. We searched in vain for the appendix vermiformis till the cæcum was raised. We then found the appendix closely adherent to the cæcum, in an ulcerated and gangrenous condition. It was turned under the cæcum, and extended upwards on the posterior part of the cæcum, making a bed for itself on the psoas muscle. Within the appendix we found two small masses of fecal matter, in a hardened condition. One was about half an inch in length, the size of a large pipe stem; the other the size of a large pea. These had passed some distance into the appendix, and the largest of which had gone in the greatest distance, and had ulcerated completely through the coats of the appendix; one extremity of it projecting through the peritoneal covering—but had not yet escaped entirely from the appendix. The canal between the fecal matter and the opening from the cæcum into the appendix was closed by inflammation, so that a probe could not be passed from the cæcum up to the fecal matter in the appendix without some force.

How long the appendix had been in this unnatural condition, it is impossible to say. It was probably of long standing, but not congenital. He had for the last three or four years complained of pain and lameness in that region when more than usually fatigued. And of the length of time the fecal matter had been retained, no definite opinion can be given.

East Cambridge, August, 1847.

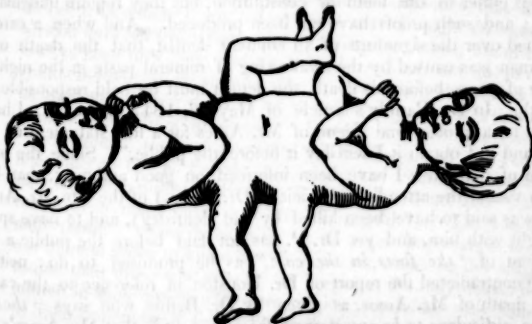
A. H.

SINGULAR CASE OF MONSTROSITY.

[Communicated for the Boston Medical and Surgical Journal.]

On the 13th of July I was requested to visit Mrs. ———, æt. 24, a ship-carpenter's wife, in labor with her first child. I found the vertex presenting, and at first considered I had only a natural case to manage. After nine hours' labor, she was given an infusion of half a drachm of *secale cornutum*, which was repeated in an hour, and in two hours after the last dose the head was born without manual assistance. After the delivery of the head, I anticipated difficulty, and called my friend Dr. John Polhemus in consultation. A double foot and one arm presented. The hand we returned, but we made no attempt to return the foot. As, notwithstanding severe pains, the labor made no further progress, and as we had every reason to believe the child was dead, we drew the head with very considerable force, acting with it as a lever simultaneously with the contractions of the uterus, and by gradual management and perseverance we delivered the fœtus. In fifteen minutes the placenta came away, and the patient, though much exhausted, soon recovered, and is now able to attend to the domestic concerns of her family.

The peculiarities of the fœtus are the object of this communication. It had two perfect heads and other parts of the upper half of the body, united, base to base, at the umbilicus. From one side of the bodies thus joined, one thigh and leg, with a double foot, projected; and from the other, two thighs, legs and feet. There was an anus at the posterior portion of the junction of the bodies, but there were no appearances of urethra or organs of generation. Its weight was eleven pounds; and its length, from one vertex to the other, was twenty-two inches.



The accompanying figure will convey a better idea of the form of the monstrosity, than words. As I have not heard of a similar case, I forward this communication for insertion, if you think proper, in your valuable Journal.

W. J. JOHNSTON, M.D.

Nyack, N. Y., August 15, 1847.

MINERAL PASTE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have read an article from the pen of Dr. Flagg, in your Journal of the 21st ult., in defence of the position Dr. Parnly has assumed on the mineral paste question ; also a little criticism on your opinion, and doubting the correctness or truth of the evidence upon which you based it, and promising to correct you by "*presenting the matter under a different aspect.*" I have examined Dr. F.'s article with much care. He has not even attempted to prove that the report in the Dental Recorder is not true—nor produced a single witness to prove the correctness of Dr. Parnly's assumed position. The article is a well-written puff for Dr. P., and an attempt to *decide a scientific question by ridicule*—but the day is past when such a course can succeed.

That Dr. Flagg should compliment Dr. Parnly, is a thing not so very strange ; for Dr. P. has, in the course of this controversy, paid Dr. F. a very high compliment—and courtesy to Dr. P. requires that something should be said by Dr. F. to relieve him from the unpleasant position in which he is placed. All are willing to award to both Drs. Flagg and Parnly much credit for their long and persevering efforts to elevate the dental profession, and they justly deserve the honorable position which they hold among their brethren and before the public. But when such men commit an error, either from prejudice, or the want of time or inclination to examine the subject, the necessity and importance of correcting it are increased. Therefore the friends of progressive improvement, in all things that pertain to the comfort and happiness of the afflicted, will not accept the mere *say-so* of any man, that mineral paste is injurious either to the teeth or constitution, but they require undeniable proofs ; and such proofs have not been produced. And when a card is published over the signature of an eminent dentist, that the death of a gentleman was caused by the swallowing of mineral paste in the night a couple of years before his death, the dentist must be held responsible for its truth. In Dr. Parnly's article of May 26, 1847, he says, "I have written to a professional friend of Mr. Ames for a full statement of the case, and if I obtain it I will lay it before the public." Since the publication of the above I have been informed, on good authority, that Dr. P. has visited the attending physician (Dr. Bemis) of the late Mr. Ames (who was said to have been killed by bad dentistry), and to have spent the night with him, and yet Dr. P. has not laid before the public a full statement of "*the facts in the case,*" as he promised to do ; neither has he contradicted the report of Dr. Houston in reference to the cause of the death of Mr. Ames, as given by Dr. Bemis, who says "*that it was too ridiculous to be entertained for a moment,*" that Mr. Ames's illness and death were caused by swallowing mineral paste. I am well aware that professional men of advanced years are more liable to adhere to old opinions and practices, than those of middle age ; therefore it is not expected that the aged will as readily leave any of their old customs to embrace new doctrines. But it is not charitable in them to denounce

every one of their professional brethren as professionally "*dishonest*," who may *honestly* differ with them, until they can positively prove that the new remedy is mal-practice. But on the mineral paste question the opponents have not produced a single reliable witness that it is the least injurious; but, on the contrary, they admit that it is a *valuable material* for the preservation of diseased teeth. The following is their testimony.

Dr. E. Parmly says:—"I would here own the merit of F. H. Clark, Esq., in stopping teeth with it [mineral paste], which I had failed to secure with gold." *There are many such.* Dated May 31, 1847, at No. 1 Bond street, New York.

Dr. J. H. Foster, of No. 14 Warren street, New York, says:—"What opponent of amalgam doubts that it has, and will often remain in teeth for many years, and the teeth continue healthy." *Gold cannot accomplish more.* Dated July 9th, 1847.

Dr. J. F. Flagg says:—"All amalgams, under whatever name that I have known to be employed for filling teeth, I hold to be injurious in their effects; and *though in some instances they remain for a long time, and appear to be harmless*, they do in all such fall far short of gold in effecting the preservation of the teeth." June 11, 1847.

When we take into consideration that the use of amalgam has been confined almost exclusively, by the skillful in the profession, to a class of diseased teeth, which have been abandoned as beyond the reach of the golden remedy, Dr. Flagg's testimony is important, as it declares that amalgam "in some instances remains for a long time, and appears to be harmless."

Dr. Flagg again says:—"I have seen so much of the pernicious consequences of filling teeth with mineral compounds, that although cases do occur in which I am led to judge that I might do some temporary service *with but little if any risk of injury* by making use of them, I have always been unwilling, and am still *determined*, not to have my name connected with such an operation." Therefore the doctor would have us understand that the use of the mineral paste is a matter of *expediency rather than of danger*. I would now ask the question how a "*pernicious*" material, according to Dr. Flagg, and a "*deadly poison*," according to Dr. E. Parmly, can, under any circumstances, be free from danger, and harmless? See Dr. Parmly's certificate above, that "mineral paste in many cases is better than gold." "*Let him that readeth understand.*" Now it certainly is of more importance to those who use mineral paste to know if it is injurious, either to the teeth or constitution, than those who do not, for they are the only ones who would be injured in their practice and reputation; therefore they will be obliged to their opponents if they will produce a single well-authenticated case, where unfavorable consequences have followed its use—in which the same results would not have occurred if gold had been substituted. This I conceive puts the whole question in a "nut shell." And I am willing to join issue with all of the opponents to the use of mineral paste as a preservative of diseased teeth, upon the above question, to be decided after the most rigid and careful examination of cases. I hope,

therefore, we shall hear no more the cry of danger, danger, and "dishonesty," until the opponents are willing to meet the question upon fair and honorable grounds.

I will now close, by calling the attention of your numerous readers to the fact that this cry of danger, "pernicious" material, "deadly poison," and "dishonesty," does not come from those persons who have had their teeth faithfully filled with a good article of mineral paste—but from a few interested professional gentlemen. Respectfully yours.

29 Bond st., N. York, July 22, 1847.

J. S. WARE.

AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your twentieth No., you gave a notice of the fourth annual meeting of the American Institute of Homœopathy. The American Journal of Homœopathy of July 3d, has an extended notice of the whole proceedings. On the whole, it was a very interesting time. We are informed that "the greatest good feeling prevailed." One spirit dictated its doings (which is quite easy to believe); "the controlling motive was to advance and perfect the medical art." (Mark you that. Heaven save the divine art from falling into such hands.) "The account given of the spread of the *blessed science*, was truly satisfactory," and "it was evidently the sense of the convention," that it was a practical and sure guide, with its infinitesimal doses, for the cure of all "the ills that flesh is heir to."

Hahnemann was lauded *ad nauseam*. Hands were rubbed, eyes glistened, congratulations offered, accepted and returned; hearts throbbed with hope, and the afflatus of prophecy was nigh unto a "solution of continuity," of the soft part of many members, that when the ides of June again should come, and the numerous committees should be safely delivered of their reports, allopathy would receive its death wound, and the hydra-headed monster expire amid the groans and hisses of the victims of its "scourges." *Requiescat in pace.*

The address of its general secretary was most happily got rid of "to a very large and respectable audience," as we are informed in divers places. It is this address that we intend more directly to treat with our "*KALI PURUM*." When you meet with a fungous growth of bombast and farrago, the caustic is your only remedy. Let it be applied freely and generously.

The learned Secretary carries us, in a hop and skip dance, through the history of medicine, in such a scientific manner, as would lead none to doubt that he had been a diligent student of the illustrious founder of the sect, or else that his works might have laid open upon his desk, while his address was undergoing the pangs of birth. He enters upon his work like a second Don of heroic memory, and with one sweep of his good broad-sword severs "anatomy, physiology and chemistry, from the physician as physician," and leaves them "scattered limbs of a lifeless body, without a head," as sad but pleasing mementoes of his prowess and skill.

Pathology, that sore troubler of their fancies, their dynamic theory, receives a terrible thrust, and is left to perish of its wounds. He walks through the history of medicine, dealing his strokes right and left, now a furious lunge at one defunct system, anon a back-handed blow at some exploded theory, which good Harry of the Wynd well might envy. The *tactus eruditus* calls for repeated blows, and he falls to, with a right good will; but either courage fails, or pity (gentle maid) assumes her place in the "man's obdurate heart," and he finally leaves in the field "*ample scope for the exercise of judgment and discrimination.*" I well remember, that, a few years since, I received some fifty homœopathic remedies, to be tested by the rules of Hahnemann's *Organon* (Paris edition), and backed up by Jahr, and on the use of which the truth of the science was to be staked. All were used, on self and some hundred individuals (*Æsculapius*, pardon thy child this his folly), and on detailing to the learned Sec'y the result of my experiments—the failure—he exclaimed, "My dear sir, you lacked the *tactus eruditus*." O Hercules, how thou didst "put thy shoulder to the wheel when the natural strength of a feeble theory proved unavailing," and manfully thou didst thy labor.

The clinique, both as to its teachings and results, receives broadsides, big shots and small. "It is empiricism of the grossest character," and "the world's clinical experience is but a mixture of system and experience." One cannot but think that the noble cliniques in Broadway and Crosby streets must stink in homœopathic nostrils, as they pass by on the side-walk.

Materia medica and therapeutics are next handled without mittens; and had it not been that a "merciful Providence raised up Hahnemann," the world would have been ignorant of herbs and roots, despite the labors of Mussey and Pereira, of Barton, Wood and Bache, and a host of others; all noble names, that the world delights to honor.

But "there's a good time coming, boys," not only, as the song goes, for the political and social evils of earth's sons, but for their diseases also. Ye afflicted ones, Hahnemann has lived, and the Homœopathic Institute is founded for the grand object of enriching the *materia medica*. Hold on, a little longer, with patience and hope. "All diseases in their early stages are to be cured; a time will arise when all diseases, save old age, can be prevented or cured;" the earth has antidotes for all the diseases of its inhabitants, and here are the chaps to find them. Hope on, hope ever, and ye shall be cured.

The mixed practice, half homœopathic, half allopathic, our orator thunders away at in noble style. Hahnemann is lauded rhapsodically again. All milk and water ones learn of him, for "he was born, educated and directed for the great work he was to perform." This is sage advice. Ho ye! who carry the lancet and cathartics for one class of the great public, and the sugar pills for the other, heed the warning and advisory counsels of our Sec'y. The medicine shall be good for your heads and hearts, albeit not for the day-book and ledger. Why, ye simple ones! "in extreme cases," when your patient is about to succumb, and something must be done, or when the patient calls for help,

why "plunge into the impure sources of allopathia?" "It is a perilous undertaking." It will, if you persist in it, show your weakness—that you have not the "intellectual grasp of your master;" and, more than all, poor gullible man at last finds out that he has been deluded—cheated; that while disease has been fastening upon his vitals, and death searching for the portals of life, the "sugar of milk and high degrees of potentizations," the diluted dreams of German foggy transcendentalists, have cheated him of life, or life's sweetest boon, *health*. O ye "reclaimed savages," turn not back to your "bows and arrows"—to your wallowing in the mire. No, though the "hero of his art" is dead, his mantle has fallen on the "distinguished person of Lacheris," and go ye and learn of him. Like ye not his teachings? Young Physic is abroad. It is the newest vamped. The feathers of its nest may be softer and richer than even *similia similibus curantur*, and far more facile.

August, 1847. KALI PURUM.

IMPROVEMENT IN THE OPERATION FOR INVERTED EYELIDS.

By W. Clay Wallace, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.]

INSTEAD of cutting through the entire eyelid as in Crampton's operation, I have for some years past made an incision through the entire length of the tarsus, about the eighth of an inch from, and parallel to, its margin. From this incision to the margin I cut through the tarsus again, at each canthus, and at the middle, making the letter *m*, or, if the curvature is very great, I make more perpendicular incisions. Threads are then drawn through the integuments and fastened to the forehead as in Crampton's operation. As the curved tarsus only is divided, the deformity occasioned by cutting through the integuments in Ware's and Crampton's operations is avoided.

From the lifeless, relaxed state of the eyelids after the application of the vapor of prussic acid for opacities of the cornea, I would be inclined to try its effects in diminishing the irritability of the eyelids previous to an operation.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 25, 1847.

Porcelain Teeth.—Being much interested in the following article, which is taken from one of the papers of this city, it was thought that it would be interesting to others. If there has been any scientific mystery in the process of manufacturing artificial teeth, it is here made sufficiently plain to be understood without any misapprehension.

"Porcelain or mineral teeth, with the exception of the materials with which they are colored, are composed entirely of *silex* (the generic name of which is *quartz*), and *feld-spar*, or *pe-tun-tse*. Quartz, a clear white stone, is found abundant in our own State, generally isolated. Feld-spar is not found sufficiently pure in Massachusetts for this purpose, being generally combined with quartz and mica, as in granite. The feld-spar is chiefly obtained from the State of Maine. Very fine specimens have been brought from the town of Topsham, in the immediate vicinity of Bowdoin College; crystals of pure spar (which are seldom found) can be obtained in this place, weighing about fifty pounds. Quartz and spar are both very firm and durable, so hard as even to scratch glass and blunt the edge of the hardest file.

"These two stones are first calcined by being exposed to a red heat, then suddenly immersed in cold water, which renders them brittle and easy to pulverize; then every impurity is rejected, and they are ground separately in a quartz or feld-spar mortar to an impalpable powder, after which they are mixed together in proportion of about five parts feld-spar to one of quartz. The coloring matter is then added and thoroughly ground, which may be so varied in quantity as to give an endless variety of tints and shades.

"A great number of materials have been used for coloring, but at present there is little used besides *platina*, *tetanium*, *cobalt* and *uranium*. Platina gives the teeth a dark blue tinge; tetanium, yellow; uranium, orange yellow; cobalt, a delicate sky blue, and watery transparency. Gold is used for coloring artificial gums, which color is easily varied from a pale to a deep red.

"These materials, when thoroughly ground, mixed and colored, make a mass much resembling very fine clay. When in this state it is moistened and moulded in single teeth, or carved in blocks, in which state they are very brittle, and must be handled with great care or they are easily broken. After this they are placed in a furnace with a fire draught of at least forty feet; a fire is then made of the hardest anthracite coal, and a heat raised to about twenty-one thousand degrees Fahr. This heat melts the spar, which flows over the teeth and gives them a beautiful polished and smooth finish. Quartz melts at a much higher degree of heat than spar, and serves to hold the teeth in form, without which they would melt into globules. After they are properly fused, they are annealed and made very tough by a slow process of cooling off, which lasts from six to ten hours. Teeth made by this process are beautiful, strong and durable. And from the hardness of the materials of which they are composed, and the intense heat to which they are subjected for fusion, they are fully fortified against the action of any agent in the mouth, to which they can be exposed."

Treatment of Aneurism.—A small twelvemo treatise on the best method of managing aneurism, with the following title, was received from England last week. "Observations on Aneurism, and its Treatment by Compression. By O'Brien Bellingham, M.D., of the Royal College of Surgeons, Ireland, and one of the Surgeons of St. Vincent's Hospital, &c." A prime object of the author seems to be, after giving a general history of the different methods adopted by surgeons to stay the progress of aneurism, to present the successful results of compression. Dr. Bellingham endeavors to

show the superiority of this practice over the ligature, and finally, dwelling upon the theory of a radical cure by his plan, frankly acknowledges that there is nothing new in the suggestion, as he communicated the ideas, advanced in his publication, some years ago to the Surgical Society of Ireland. He insists upon one thing, which, perhaps, no one will think it worth while to contend with him about, viz., that his views respecting the pathology of aneurism are quite unlike those taught by many distinguished gentlemen of the schools. At the conclusion of the preface, Dr. Bellingham is down upon the Dublin Journal of Medicine, with marked manifestations of dudgeon. That being an affair, however, between himself and the "*mere nominee of a bookseller*," as he calls the editor, we must necessarily leave it to the interested friends of both gentlemen.

Chap. I. of the Treatise contains a history of the treatment of aneurism by compression, from the earliest period to the middle of the eighteenth century. II. History continued, to the period of the first performance of the Hunterian operation. III. Compression subsequent to the Hunterian operation. Pressure first applied between the aneurism and the heart. IV. Same topic continued. V. Cases of popliteal and femoral aneurism successfully treated by compression. VI. Description of instruments employed in making pressure above the sac. VII. Employment of chemical agents to coagulate the blood contained in the sac. VIII. Theory upon which compression was formerly supposed to effect a cure. IX. Description of the appearances found in subjects who had been submitted to the treatment of compression. X. Mode in which nature effects a cure of aneurism. XI. Circumstances which may render the cure tedious, or the contrary. XII. Advantages of compression over ligature, &c.

It strikes us that the information given in this little modest treatise is of a high order. The facts which it presents are certainly of the first importance, and are addressed so directly to the understanding, that there is no way of blotting out or otherwise getting rid of them, were it an object to do so. But there are formidable cases where the method of compression would be of no avail whatever. As in the treatment of other diseases, it is quite certain that there are various ways of bringing about the desirable result. Compression cannot, and certainly has not, made a radical cure in every instance, nor, indeed, have other favorite schemes been always successful. The conscientious surgeon, who has at heart the honor of the profession and the best good of his patient, is not only at liberty to try all and every method known to the craft, but he is bound to proceed, if necessary, from one to the other, without reference to his own predilections for any particular system of practice, to save both limb and life, when confided to his care.

American Edition of Chelius's Surgery.—From a cover advertisement, it appears that a work of standard importance has been passing very gradually through the press of Messrs. Lea & Blanchard, called "A System of Surgery, by J. M. Chelius," of the University of Heidelberg, translated from the German, &c., by Mr. South, of St. Thomas's Hospital, London, and edited, with reference to American authors, by Geo. W. Norris, M.D., one of the Surgeons of the Pennsylvania Hospital. Parts XVI. and XVII. came to our address not long ago, which has led us to speak of the publication at this late period. These two specimen Nos., however, afford

ns no clear idea of the character of the undertaking—although we are prepossessed in favor of it. There were to be seventeen parts. Whenever the whole—intended to be equal to three large octavo volumes—is received, we shall gladly render such assistance in making known its merits and claims as our facilities for circulating medical intelligence enables us to accomplish.

Mesmeric Examinations.—Before the discovery of the new use of ether, the country swarmed with travelling mesmerizers, who lectured in every town and hamlet in New England—and made such high pretensions, that gentlemen who presumed to question the honesty of the vagabonds, made themselves quite unpopular with the vulgar multitude. It was one of the great boasts of the magnetizers that they could prepare the system, by their extraordinary manipulations, or by an active mental influence, so that the body would be insensible to pain. Whole scores of silly girls were exhibited in public, on platforms, pricked with needles, had their toes crushed and teeth extracted, of all which they were represented to be wholly unconscious. The farce has been played off at the Tremont Temple, in the city of Boston, repeatedly. Of late, however, the mighty boasters have disappeared. Neither teeth are drawn, limbs amputated, or tumors taken out, as they were, either here or in the state of Maine, where some extraordinary operations were certified to, as the triumphs of mesmerism, which was represented as "*the hand-maid to surgery, and destined to revolutionize the whole science of medicine.*" How can this falling off be explained by those noisy men and women who were offensively busy in propagating the marvels of mesmerism one year ago? A few remnant signs are observable about our city, like these:—"mesmeric examinations here," "*all kinds of diseases investigated by an experienced clairvoyant,*" &c. which are a reproach to the intelligence of the age, to the good city in which they are to be seen, and a mortifying evidence of the ignorance that passes for wisdom. A few doughty champions of animal magnetism are struggling for professional existence at Cincinnati, under the less objectionable term of neurologists, but we consider it as the same thing under a new name.

Poisonous Properties of the Sulphate of Quinind.—From Dr. W. O. Baldwin's observations on this subject, first published in the American Journal of Medical Sciences, and since issued in a pamphlet, we take the following paragraphs, which succeed the recital of cases in the human subject, and experiments upon dogs.

"Thus it seems clear that quinine is a *poison*, and one which may be made *directly fatal to life*, and if these experiments upon the dog *in themselves* are not conclusive of that fact, which the concurrent testimony of toxicologists would justify us in believing, they at least become so when it is remembered that the symptoms which its exhibition gave rise to, are not only strongly corroborated by, but were almost identically the same with those observed in the human subject, in the few instances where poisoning from this substance is known to have been produced. There is not a symptom noticed in these experiments which has not, at one time or other, been observed in its operation upon the human subject, and the two cases of poisoning in the human subject reported in

the commencement of this article, where the striking and peculiar assemblage of symptoms which followed its administration was so completely identical with those observed in the dog, most clearly establish the fact that the manifestations of its *poisonous operation*, at least upon the dog, are identical with those observed in the human subject, or at any rate do not differ more than they do in different instances on 'man and man.'

"Its operation as a poison, as well as a remedy, is certainly peculiar, and it seems difficult to assign it to any particular class of poisons, differing in some respects from all of them. It appears to resemble in its action, more closely than any other, those of the '*second class*' of Orfila, or the class of 'narcotic poisons.' It does not seem to possess any hypnotic properties; in this it differs from most of the substances included under this head. I do not mean to touch the much agitated question of the mode of its remedial operation, but desire to speak of its poisonous action only; and, on this head will only add, farther, that its operation seems to be principally upon the nervous system, as is clearly demonstrated in the derangement of the senses of vision and hearing, and respiratory functions, as also in the general muscular agitation, convulsions, &c."

Medicine and Music.—Correspondents will doubtless recollect that a variety of comments appeared in this Journal on the dinner served up for the Massachusetts Medical Society in 1846. At the last anniversary it is believed the dinner proved quite satisfactory. It seems, however, that something more is wanted to give a gusto to the festivities of the occasion. A gentleman declares that a band of music is the one thing needful to give life to a very dull meeting. The mere act of eating oyster pie and fried cabbage is not sufficiently animating to stir up the enthusiasm of four hundred physicians. So next year he votes for music.

New Method of procuring Insensibility under Operations.—The last arrivals from England bring the following information in regard to the subject of destroying pain during surgical operations:—

"Our inventive neighbors, the French, have contrived a new plan of procuring insensibility. M. Ducros is the surgeon who practises the method alluded to, and has communicated the results of his experiments, in several letters to the Academy of Sciences. The agent employed is the electro-magnetic current. Individuals who have been subjected to the current have been quite insensible to pricking or pinching at all parts of the body; and teeth have been extracted without their knowledge."

Veterinary Medicine.—Dr. Brooks, of Boston, is preparing, in Paris, a work on veterinary medicine, which he expects to issue during the present year. Our correspondent there says Dr. B. has favored him with an inspection of the manuscript, from which he feels authorized to promise that the performance will be a creditable one. In France and England this subject commands the attention and respect of the profession; with us it has hitherto been neglected, but the forthcoming work of Dr. B. will probably induce us to bestow upon it some share of regard.—*Western Journal of Medicine and Surgery.*

Report
Of co
dysenter
the brain
infantum
Under
60 years

Ether in Pregnancy.—M. Cardan sent to the French Academy of Sciences an account of a case of pregnancy in which the vapor of ether was inhaled. A young woman in the sixth or seventh month of pregnancy was submitted to the respiration of ether. Intoxication was long in being established; the pulse was hard, but the number of pulsations was not sensibly augmented. She was seized with a disorderly hilarity, as is often observed. After ten or twelve respirations, the infant made some struggles and convulsive movements, very painful to the mother; these movements became more violent, and succeeded each other with greater rapidity, in proportion as the ether became absorbed; but as the mother grew insensible at the same time, she evinced only a vague kind of consciousness. When the mother recovered herself from the effects of the ether, she complained of pain in the uterine region, such as might arise from blows and bruises. The heart of the fœtus beat with extreme rapidity, so that the individual pulsations could scarcely be distinguished; it might be said, indeed, to be in a constant tremor. The rapidity of the pulsations appeared to be in pretty direct relation to the motions or struggles of the child. The placental bruit lost its simple continuous character, and took place in fits, which varied according as the strugglings of the fœtus were more or less rapid.—*London Lancet.*

Medical Miscellany.—Of 60,000 pilgrims to Mecca, last season, 20,000 are said to have died of the cholera.—Molly Ogden died lately at the age of 102, at Greenfield, Mass.; and Mrs. Lydia Gustin, at the age of 101 years and 25 days, at Marlow, N. H.—The proprietor of a drug store in New York has been indicted for manslaughter, because his apprentice sold a quantity of laudanum for tincture of rhubarb, which caused the death of a young lady.—Dr. Cross, of Madison, Ind., has had an arm wounded in a duel.—Two physicians have died at the quarantine hospital, Quebec, the present season, of the ship-fever. Twelve, out of fourteen physicians at that station, have been taken sick since June.—Dr. A. Hooker, of East Cambridge, Mass., in a practice of twenty years, has been at the birth of eight acephalous children.—A story is circulating in the New York papers about a singular disturbance at Bellevue, between about a dozen physicians, who met for the purpose of dining together. An explanation of such offensive doings, by gentlemen carrying gold-headed canes, is vociferously demanded.—The cholera has broken out in the Caucasus, and rages terribly.—Bowel complaints are exceedingly common throughout New England—and dysentery has frequently proved fatal on the sea-board.

TO CORRESPONDENTS.—Dr. Leonard's Report to the Rhode Island Medical Society, respecting the Fever Cases in Cumberland, has been received.

MARRIED.—B. M. Cummings, M.D., of Rockville, N. J., to Miss B. M. Righter.—John F. Evans, M.D., of Pottstown, Penn., to Miss J. F. Clay.

DIED.—At Abington, Mass., Dr. John S. Champney, 55.—At Temple, Me., Dr. Nathaniel K. Whittemore, 79.—At Montreal, Frederick Cushing, M.D., of Durham, N. H.—At Bellville, Ill., Dr. G. W. Goforth.

Report of Deaths in Boston—for the week ending Aug. 21st. 108.—Males, 60—females, 48.—Of consumption, 8—typhus fever, 22—disease of the bowels, 35—disease of the heart, 2—dysentery, 13—dropsy, 2—dropsy on the brain, 2—accidental, 2—teething, 3—inflammation of the brain, 1—canker, 2—croup, 1—infantile, 6—convulsions, 1—jaundice, 1—suicide, 1—cholera infantum, 1—bilious fever, 1—lung fever, 1—scarlet fever, 1—asthma, 1—hernia, 1.

Under 5 years, 56—between 5 and 20 years, 9—between 20 and 40 years, 33—between 40 and 60 years, 9—over 60 years, 1.

Vaccination in Turkey.—The Sultan has recently issued, at Constantinople, a decree, to extend to all parts of the empire, that all children born are to be vaccinated. Considering the various prejudices of the Mahomedans, this may be looked on as a long step in the advance of the Turkish nation towards that degree of civilization existing in other European states.—*London Lancet.*

Laryngismus Stridulus—Inhalation of Ether.—M. Image records, in the *Provincial Journal*, a case in which the application of ether, by means of a sponge, to the nose and mouth, arrested the progress of fits of this disease, on each occasion of their access, until they ceased altogether.—*Id.*

UNIVERSITY OF NEW YORK.—DEPARTMENT OF MEDICINE.

The Lectures in this Institution will commence on the last Monday of October, and continue four months.

VALENTINE MOTT, M.D., Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

SAMUEL H. DICKSON, M.D., Prof. of the Theory and Practice of Medicine.

GRANVILLE SHARP PATTISON, M.D., Prof. of General and Descriptive Anatomy.

MARTIN PAINE, M.D., Prof. of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery and the Diseases of Women and Children.

JOHN WILLIAM DRAPER, M.D., Prof. of Chemistry.

WM. H. VAN BUREN, M.D., Prosecutor to Prof. of Surgery.

WM. DARLING, M.D., Demonstrator of Anatomy.

The fees for a full Course of Lectures amount to \$165. The Student can attend one or more of the Lectures as he may be disposed, and pay only for those which he attends. The fee for the Diploma is \$30. The Matriculation fee is \$5. The fee for admission to the Dissecting Rooms and Demonstrations is \$5.

The most ample opportunities for Clinical Instruction will be afforded to the Students of the University, and the facilities for dissection will be all that can be desired. The material is abundant and cheap. The Dissecting Rooms will be open on 1st of October. The *New York Hospital*, 15 minutes walk from the College Building, is visited daily; and the students have an opportunity of studying the various Medical and Surgical diseases of that Institution. The *Eye and Ear Infirmary*, in which more than 1,400 patients are prescribed for annually, is open to the students. The *University Surgical Clinique* is attended every Saturday at the College Buildings by Prof. MOTT, and the University students witness the various operations performed by the Professor. More than 600 patients, affected with every variety of malady, are brought before the Class during the session. The *University Lying-in Charity*, under the charge of Prof. BEDFORD, is ample in its arrangements. During the past five seasons, more than 1,200 cases of Midwifery have been attended by the Students of the University.

In addition to these facilities for Clinical observation, there are the various Dispensaries and Charities of the city, containing not less than 40,000 patients, presenting every possible aspect and character of disease.

Excellent Board and Lodging can be had in the vicinity of the College for \$2.50 to \$3 per week.

The number of students in attendance the last session was 413; and the Degree of Doctor of Medicine was conferred on 123.

N. B.—Students on arriving in the city, by calling at the College Building, 659 Broadway, and asking for the Janitor, will be conducted to Boarding-houses.

Any farther information respecting the Institution can be had by addressing the Secretary, Prof. Draper, 659 Broadway.

By order, JOHN W. DRAPER, Secy.

F. A.—The Faculty have resolved in future to deliver a Preliminary Course of Lectures during the month of October, commencing the first of the month. Lectures will, therefore, be given daily during the entire month of October, without extra charge. The Lectures will, in no way, interfere with the integrity of the regular Winter-session. The October course, together with the opening of the Dissecting Rooms on the 1st of the month, will, therefore, present additional facilities to those students, who may be disposed to avail themselves of them.

New York, June 28, 1847.

July 7.—1 Nov. 1.

ALBANY MEDICAL COLLEGE.

The next Annual Course of Lectures will commence on the first Tuesday of October, and will continue 16 weeks.

ALDEN MARCH, M.D., Professor of Surgery.

T. ROMEY BECK, M.D., Prof. of Materia Medica.

JAMES McNAUGHTON, M.D., Prof. of Theory and Practice of Medicine.

LEWIS C. BECK, M.D., Prof. of Chemistry.

EBENEZER ENMONS, M.D., Prof. of Obstetrics and Natural History.

JAMES H. ARNBY, M.D., Prof. of Anatomy.

THOMAS HUE, M.D., Prof. of Institutes of Medicine.

AMOS DEAR, Esq., Prof. of Medical Jurisprudence.

The fees for a full course of Lectures are \$70. The Matriculation fee is \$5; Graduation fee, \$20. During the month of September, the Faculty will deliver two lectures daily, to which students who have matriculated will be admitted without additional charge. As these lectures do not make part of the regular annual course, attendance on them will not be exacted for graduation.

Those who wish for further information, or for circulars, will address a letter (post paid) to the Registrar.

June 30—1 Oct 1

THOMAS BUN, Registrar.